

4817

Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>107</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>262</u>
Town of <u>Globe</u>			Local Registrar's No. _____
or		(No. _____ St; _____ Ward)	
City of <u>Globe</u>			
FULL NAME OF CHILD _____		Born YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive NO	
Sex of Child <u>Male</u>	Twin, Triplet or other <u>✓</u>	and	Number in order of birth <u>1</u>
			Legitimate? <u>Yes</u>
			Date of Birth <u>Sept 5</u> 191 <u>4</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Wm Norman</u>		Full Maiden Name <u>Annie Odel</u>	
Residence <u>673 N. High</u>		Residence <u>Dame</u>	
Color or Race <u>White</u>	Age at last Birthday <u>45</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>44</u> (Years)
Birthplace <u>Wichita, Kansas</u>		Birthplace <u>Van Dusen Co. Texas</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother... <u>8</u>	Number of children, of this mother, now living... <u>7</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Sept 5</u> 191 <u>4</u> , at <u>545 P</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>C. J. Surgen</u>	
Given or christian name added from a supplemental report _____ 191 <u>4</u>		(Attending physician, midwife, householder. *)	
Address _____			
Filed <u>Sep 10</u> 191 <u>4</u>	<u>B. S. Jay</u>	LOCAL REGISTRAR.	
Filed <u>Oct 1</u> 191 <u>4</u>	<u>B. S. Jay</u>	COUNTY REGISTRAR.	
055-905-163		A True Copy	
COUNTY REGISTRAR.			